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**Romantic Relationship Dissolution and Health Outcomes**

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# **Romantic Relationship Dissolution and Health Outcomes**

**by**

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## **Thesis**

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## **Abstract**

### **Romantic Relationship Dissolution and Health Outcomes**

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The purpose of this study was to test the prospective association between perceived social support and mental and physical health outcomes following a romantic breakup. Additionally, I tested whether an individual's dependence on his or her partner prior to their relationships' termination moderated the degree to which perceived social support buffered individuals from negative health outcomes following romantic relationship dissolution. I drew on an extant dataset that included 97 individuals who experienced a romantic breakup at some point during the study's 9-month duration. All participants completed baseline measures of mental and physical health as well as perceived social support during the first six months of their romantic relationships. They also completed measures of romantic relationship dependence every two weeks up until reporting their relationship's termination. Upon breakup, participants completed assessments of mental and physical health. Consistent with the limited research documenting a prospective link between perceived social support and mental health (and

study hypothesis), social support and relationship dependence interacted to predict mental health following a breakup (controlling for baseline mental health, sex, and breakup initiator status). Results are discussed in the context of the broader social support literature and a framework for future studies on this topic is provided.



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# **INTRODUCTION**

## **ROMANTIC RELATIONSHIP DISSOLUTION**

The vast majority of romantic relationships that begin will one-day end. Although a large proportion of those individuals who experience romantic dissolution come out on the other side just fine (Madey & Jilek, 2012), a significant number of individuals will suffer a range of negative consequences in the wake of their relationships' termination. Indeed, experiencing relationship dissolution predicts poorer physical health (e.g., suppressed immune function; Kiecolt-Glaser & Newton, 2001) and mental health (e.g., depression and anxiety; Sprecher, Felmlee, Metts, Fehr, & Vanni, 1998; Rhoades, Dush, Atkins, Stanley, & Markman, 2011). However, some individuals manage to avoid suffering from these negative consequences (Madey & Jilek, 2012) and in fact experience better (more amicable) breakups, greater readiness to date again, and fewer detrimental mental and physical health outcomes (Madey & Jilek, 2012). The variability in how individuals fare following romantic relationship dissolution begs a very important question: Why do some people recover from a breakup relatively effortlessly whereas others find themselves in despair?

A significant amount of research over the past several decades has identified a number of factors that predict how individuals react to romantic breakups. For example, a host of individual- and relationship-level characteristics, including dependence (on the romantic partner), attachment style, relationship duration, and pre-breakup relationship quality all influence how individuals adapt after relationship loss (Simpson, 1987;

Sprecher et al., 1998; Rhoades, et al., 2011; Madey & Jilek, 2012). Less, however, is known about how individuals' broader social contexts influence recovery from break-up. Although it has become almost cliché to claim that 'relationships don't exist in a social vacuum' (Felmlee, 2001; Sprecher, Felmlee, Orbuch, & Willetts, 2002; Sprecher, Felmlee, Schmeekle, & Shu, 2013) there has been surprisingly little research on the links between social support, broadly speaking, and recovery from romantic relationship dissolution, more specifically. The purpose of this research is to extend current understanding of how individuals cope following relationship dissolution by analyzing the role social support plays in the post-breakup recovery process.

In the following sections I address the ways in which individuals respond to romantic relationship dissolution and provide reasons for why social support should predict mental and physical outcomes following breakup. Specifically, I consider the buffering (i.e., protective) effects of social support on psychological and physical wellbeing in response to negative life events. In addition, I expect individuals' psychological dependence on their partners to moderate the association between social support and health outcomes following relationship dissolution, such that social support's protective effects will be particularly important for those high in relationship dependency.

## **RESPONSES TO BREAKUP**

Experiencing a romantic breakup in young adulthood is so common it is considered a normative life transition (Simpson, 1987; Frazier & Cook, 1993), and breakups are especially likely to occur around the time individuals transition to college

(McCarthy, Lambert, & Brack, 1997). In one study nearly half of relationships that began before the start of college dissolved by the end of freshman year (Shaver, Furman & Buhrmester, 1986). Further, the odds of experiencing relationship dissolution don't improve for those that initiate relationships during college (e.g., Rhoades et al., 2001; Frazier & Schauben, 1994); indeed, breakups are considered both a common and stressful life event by college students as well (Frazier & Schauben, 1994).

Despite their normativity, breakups can inflict significant pain on those who experience them. As noted above, romantic relationship dissolution is associated with declines in mental and physical health (Sprecher et al., 1998) and numerous other negative consequences including psychological distress and declines in life satisfaction (Sprecher, 1994; Sprecher et al., 1998; Kiecolt-Glaser & Newton, 2001; Davis, Shaver, & Vernon, 2003). For example, romantic relationship dissolution during young adulthood increases the risk for the onset of Major Depressive Disorder (Davis et al., 2003). Additionally, adolescents who experience a romantic breakup versus those who do not are more likely to engage in alcohol and illicit drug use (Low, Dugas, Loughlin, Rodriguez, Contreras, Chaiton, & Loughlin, 2012).

Clearly, romantic breakups are capable of severely undermining the health of those who experience them; however, not everyone who experiences a romantic breakup suffers such negative outcomes. Rather, individuals vary considerably in their response and ability to recover from a breakup. Most of the research concerning outcomes and responses to breakups has focused on three specific criteria for predicting individual variability in responses to dissolution: the nature of the breakup, the characteristics of the

individuals, or the dynamics of the relationship itself. Specifically, the aforementioned negative outcomes for individuals who experience relationship dissolution are especially likely for those who do not initiate the breakup, who are anxiously attached, and who are highly committed to and dependent on their partner (Drigotas & Rusbult, 1992; Sprecher et al., 1998; Madey & Jilek, 2012).

The vast majority of factors that have been identified as predictors of post-romantic dissolution recovery (e.g., satisfaction, commitment, attachment style) generally neglect to account for the broader social context within which romantic relationships exist. Specifically, individuals' perceptions of social support have notable effects on individual and relationship psychological and physical wellbeing. For example, individuals who perceive more social support, generally, experience greater self-esteem (Ross, Lutz, & Lakey, 1999) and less depressive symptomatology (Ragan & Randall, 2004). Additionally, relationship-specific support (e.g., approving of a loved one's romantic partner) also predicts better relationship outcomes (e.g., satisfaction and longevity; Blair & Holmberg, 2008). Collectively, these lines of work and others clearly identify perceived social support as a particularly compelling variable to consider when empirically investigating possible factors that account for variability in individuals' responses to romantic breakups. With this in mind, I next briefly review research on the links between social support and health outcomes, broadly, followed by more specific predictions regarding how perceived social support might influence the outcomes experienced by individuals following the demise of their romantic relationships.



## **SOCIAL SUPPORT**

Perceived social support, or the general perception that support is available when faced with stressful life events (Cohen & Hoberman, 1983), is associated with a number of positive psychological and physiological outcomes (Cohen & Wills, 1985, Uchino & Kiecolt-Glaser, 1996). The positive association observed between perceived support and mental and physical health outcomes is typically explained via two mechanisms: direct effects and buffering. Briefly, direct effects refer to the positive outcomes associated with individuals' general feelings that their social networks support them and, if needed, support would be available to them. Alternatively, support also functions as a buffer in times of need, such that when individuals are faced with a negative event they are protected (at least to some degree) from any negative effects that might occur because of that stressor.

**Direct effects.** Research on the direct effects of perceived social support often focuses on individuals' broader senses of their social networks' availability (regardless of the presence or absence of a specific stressor) and the extent to which individuals are generally integrated with their social networks (e.g., via multiple roles, etc.; Cohen & Wills, 1985). Individuals' overall level of social integration is associated with better health, increased life longevity, and increased quality of life (House, Landis, & Umberson, 1988). Further, individuals with several social network connections (friends, family) from which they derive support have better health than individuals without such sources of support (Leavy, 1983; House et al., 1988). Additionally, perceived social

support is positively associated with a number of physiological markers indicative of better health (Uchino, Cacioppo, & Kiecolt-Glaser, 1990).

**Buffering effects.** In addition to these direct benefits of social support, social support also demonstrates a buffering effect such that the presence and perception of positive social support mitigates the effects caused by difficult life events. In other words, social support can serve as a protective mechanism, or buffer, when individuals are confronted with stressful situations (e.g., a romantic breakup). Cohen and Wills (1985) suggest that the buffering effects of social support may operate in two ways. First, individuals' perceptions of support may attenuate their negative appraisal of a stressful event such that stressful events are viewed as less (or not at all) negative than they would without such perceptions of support. Thus, individuals are protected from the negative physiological and psychological outcomes associated with experiencing negative events. Second, individuals may be faced with a highly negative event and evaluate it as such, but perceived support can alleviate, or buffer, individuals from any stress associated with the event. Empirical evidence in support of the buffering effect includes findings that perceived social support buffers college women from symptoms of depression and anxiety caused by interpersonal stress (Swift & Wright 2000) and the perception of availability of support buffers individuals from depressive symptomatology in the presence of high levels of stress (Cohen & Hoberman 1983).

**Prospective studies on support.** Despite the volumes of work on the links between perceived social support and health outcomes, this line of work remains limited in one very important way: seldom are prospective measures of perceived support used to

predict specific outcomes of interest. This lack of prospective data is problematic because it is unclear whether those who have strong social networks fare better in the face of stressors, or whether those who fare better in the face of stressors perceive their networks as more supportive, or whether a third variable is causing an increase in both perceived support and the outcomes of interest. Interestingly, some of the only work to consider the prospective association between support and health outcomes has taken advantage of one specific form of naturalistic stressors: natural disasters. On occasion natural disasters (e.g., hurricanes), an obviously significant stressor for those nearby, have occurred during the course of an ongoing study of mental and physical health; such studies allow for a prospective investigation of the potential buffering effects of perceived support. These studies have consistently shown that individuals who have a high level of perceived support prior to a disaster report higher levels of wellbeing post-event (Lowe, Chan, & Rhodes, 2010; Norris & Kaniasty, 1996).

Unlike these large-scale events which affect a sizable population simultaneously, breakups and other individual stressors, despite their normativity, are much more difficult to study prospectively as they are unpredictable and occur at the individual level (i.e. don't happen to a large population at one time). Thus, many of the studies that have investigated the benefits of perceived support measured both perceived support and outcomes of interest during or following a stressful event (e.g., measures of social support and mental or physical health are collected concurrently). One of the proposed contributions of the current analysis is that this study takes advantage of another common, highly likely, naturalistic stressor: romantic breakups within a population of

young adults in new relationships. As mentioned above, this population has a likely breakup rate of as high as 50% in a nine-month time period (Shaver, et. al., 1986). As a result, the current study design provides an opportunity to prospectively assess the effects of perceived support on physical and mental health in the context of an important, individual stressor. As such, this work represents an important contribution to the social support literature.

**Relationship dependence as a moderator?** Finally, any benefits provided by perceived social support may be moderated by individuals' psychological dependence on their partners. As noted, psychological dependence, or the degree to which an individual relies on their romantic partner (vs. others) for the fulfillment of specific relationship needs (Kelley & Thibaut, 1978), is predictive of relationship outcomes and individuals' ability to cope following relationship dissolution. Specifically, greater dependence on a partner prior to breakup is associated with worse coping after a breakup (Felmlee, Sprecher, & Bassin, 1990; Rhoades et al., 2011). Of the various relationship-level characteristics identified as possible moderators of individuals' responses to romantic dissolution, relationship dependence is especially relevant to the current analysis given the focus on social connections. Whereas social support, broadly, may buffer individuals from breakup-associated stress, dependence on a relationship may moderate this buffering effect such that social support matters most for those who are highly dependent on their partners and relationships (i.e., they have further 'to fall' following a breakup and cannot easily find an alternative to their relationship; Sprecher et al., 1998; Simpson, 1987; Attridge, Berscheid, & Simpson, 1995). In other words, those who are dependent

and lack other sources of social support may be particularly vulnerable following breakup.

## **THE CURRENT STUDY**

To test the association between perceived social support and mental and physical health outcomes following relationship dissolution, I used data collected as part of a 9-month longitudinal study on emerging adults' romantic relationships. Individuals' physical and mental health outcomes were assessed at baseline and again shortly after they experienced a breakup (at any point over the 9-month longitudinal study). Perceived social support was also collected at baseline and used to predict change in mental and physical health following breakup. Additionally, given the role dependence has shown to play in coping after relationship loss, I investigated whether dependence moderates the association between perceived social support and mental and physical health outcomes following relationship dissolution. Specifically, I expected a main effect for social support such that greater perceived social support at baseline predicts better mental and physical health following romantic dissolution. Further, I expected that individuals' level of dependence on their partner would moderate this association such that greater dependence on a partner would yield worse mental and physical health outcomes following romantic dissolution for individuals with lower perceived social network support. This set of hypotheses is depicted in Figure 1.

Finally, two possible covariates were included in all regression analyses: gender and whether or not an individual was responsible for their breakup. These variables were

targeted as important possible controls due to the fact that some evidence supports females, relative to men, experience greater increases in depressive symptomatology following relationship loss (Ayduk, Downey, & Kim, 2001; Simon & Barrett, 2010). Additionally, whether or not an individual initiated a breakup has been demonstrated as a robust predictor for individual's ability to cope after a breakup (Frazier & Cook, 1993; Kiecolt-Glaser & Newton, 2001)

## **METHOD**

### **PARTICIPANTS**

The data for the current analyses are derived from the University of Texas Dating and Transitions Experiences Study (UT-DATES). UT-DATES was a longitudinal study (with an experimental component not relevant to the current analyses) designed to examine young adults' experiences during the early phases of dating relationships. Participants were recruited over a 12-month period through newspaper and online advertisements, as well as through fliers posted around the greater Austin, Texas metropolitan area. Individuals were offered up to \$75 in exchange for their participation. Interested individuals were directed to a secure website where they completed an online screening questionnaire. Inclusion criteria required that participants be over the age of 18, in good mental and physical health with no prior diagnosis of depression or anxiety disorder, residents of Austin or the surrounding area for the duration of the study, and be involved in a relationship of less than 6 months in duration. Those who met these criteria were subsequently contacted by an undergraduate research assistant who provided more details about the study.

In total, 245 individuals (70 males, 175 females) were eligible, agreed to participate, and enrolled in the study. Participants completed a baseline questionnaire and follow-up surveys every 2 weeks for 9 months. Participants ranged in age from 18-25 years ( $M=20.60$ ,  $SD=1.77$ ), and about one-third of respondents self-identified as non-Hispanic Whites (36%); a substantial minority of participants self-described as Asian (32%) or Hispanic (22.8%), with the remaining participants describing themselves as

either other/multi-racial or “don’t know” (6.6%). The current analyses include only those participants whose relationships dissolved at any point in the study ( $n= 97$ ; 30 male, 67 female). The number of individuals who reported having broken up at each assessment is depicted in Table 1.

## **PROCEDURE AND MATERIALS**

After completing the screening questionnaire, eligible participants were provided with a link to the baseline questionnaire as well as instructions on how to complete the 18 biweekly follow-up assessments. At every biweekly assessment participants were asked, “Are you still romantically involved with your partner?” If participants indicated that they were no longer involved with their partner they were directed to a survey that asked a series of questions about the nature of their breakup in addition to their mental and physical health. After the 18 biweekly assessments, participants were sent a final questionnaire that was mostly identical to the baseline survey, producing a total of 20 possible assessments for both individuals whose original relationships remained intact and individuals whose original relationships dissolved. Participants completed the measures of social support at baseline. Mental and physical health were measured at each assessment, but analyses focused on self-reported health at the survey completed by participants at the wave in which they indicated they experienced a breakup (i.e., the most proximal measures of health; assessments were generally provided within 2 weeks of the relationship’s end).



**Demographics.** At the start of the study individuals were asked to provide basic demographic information about their race and ethnicity, student status, gender, their partner's gender, their current relationship length, how long they had known their partner, as well as information about their relationship's history.

**Perceived social support.** Perceived social support was measured at baseline. Participants completed the Interpersonal Support Evaluations List (Cohen & Hoberman, 1983), a 40-item questionnaire that assesses individuals' global sense of social support in response to life stressors. Example items include, "there are several people that I trust to help solve my problems," "if I were sick, I could easily find someone to help me with my daily chores," "most people I know think highly of me," and "there are several different people I enjoy spending time with." Participants responded to all items on a scale from 1 (*Definitely false*) to 4 (*Definitely true*). Participants' total support score was calculated and had acceptable reliability ( $\alpha=.77$ ,  $M=3.44$ ,  $SD=0.36$ ).

**Dependency.** To assess individuals' levels of dependence on their romantic partners, participants were asked to indicate how well their needs were met by their partner relative to the "most significant person in [their] life that is not [their partner]" (see Drigotas & Rusbult, 1992; see also La Guardia et al., 2000). Dependence was then operationalized as the difference between how well needs were met by the romantic partner versus an alternative individual. Specifically, participants responded on a scale from 1 (*Strongly disagree*) to 9 (*Strongly agree*) for the following items, "I feel loved and cared about by [my partner/alternative]," "I feel a lot of closeness and intimacy in our relationship," "[My partner/alternative] meets my needs," and "I am satisfied with our

relationship.” The dependency score for each participant was determined by subtracting their outcomes (need fulfillment) of their next best alternative ( $M_{alternative}=7.95, SD=1.25$ ) from their outcomes of their partner ( $M_{partner}=5.58, SD=2.87$ ;  $M_{total}=-1.28, SD=1.98$ ). As can be seen, in this sample of newly-dating individuals, levels of dependence were fairly low ( $M=-1.28, SD=1.98$ ), with the average participant reporting not being dependent on their romantic partner.

**Mental health.** Mental health was assessed via the SF-36 Health Survey (Ware & Sherbourne, 1992) and the Center for Epidemiological Studies Depression (CES-D; Radloff, 1977). Participants first completed the SF-36, a 36-item self-report measure of current general physical and mental health. Relevant to the current analyses, the survey included a five-item mental health subscale for which participants were asked to indicate, “how much of the time during the past two weeks” they experienced a number of mental health outcomes including “Have you been a very nervous person?” and “Have you felt downhearted and blue?” Responses were recorded on a 5-point Likert scale ranging from 1 (*All of the time*) to 5 (*None of the time*). Per published recommendations the items were rescaled from 0-100 such that higher scores indicate worse mental health functioning (Ware & Sherbourne, 1992). This scale demonstrated high reliability ( $\alpha=.90$ ).

Participants also completed the 20-item CES-D. Participants responded on a 9-point scale from 1 (*None of the time*) to 9 (*All of the time*) regarding questions of depressive symptomatology experienced over the past two weeks. Higher scores reflect greater depressive symptomatology. The CES-D demonstrated high reliability ( $\alpha=.92$ ). Not surprisingly, the CES-D and SF-36 mental health measures were highly correlated

( $r = .70, p < .0001$ ). Thus, participants' final mental health scores (baseline and post-breakup) were operationalized as the averaged standardized composite scores of both measures. Table 3 provides full descriptive statistics for all study variables.

**Physical health.** Physical health was assessed using the physical health subscale of the SF-36. Participants were asked "Does your health limit you in these activities? If so how much?" And answered on a scale from 1 (*Yes, limited a lot*) to 3 (*No, not limited at all*) for items such as "climbing several flights of stairs," and "walking more than a mile." Per published guidelines the items were rescaled from 0-100 and higher scores indicate better physical functioning (Ware & Sherbourne, 1992). The scale demonstrated high reliability ( $\alpha = .93$ ).

**Breakup initiator status.** In addition to the target constructs of interest, I used initiator status as a control variables for analyses. Specifically, when individuals reported their relationship had ended they were asked to indicate, "Who first suggested ending the relationship?" (1 coded as "you"; 2 coded as "partner"). In this sample, 64% of participants who broke up claimed responsibility for the breakup.

## RESULTS

### PRIMARY ANALYSES

Descriptive statistics for all variables of interest are provided in Table 2. As can be seen, participants were relatively not dependent on their partner prior to breakup ( $M=-1.28$ ,  $SD=1.98$ ), and were high in perceived social support at baseline ( $M=3.43$ ,  $SD=0.36$ ). Additionally, the sample was overall physically healthy at baseline ( $M=95.26$ ,  $SD=12.10$ ) and at breakup ( $M=93.84$ ,  $SD=17.05$ ). The sample also demonstrated overall high mental health at baseline ( $M=13.01$ ,  $SD=6.78$ ) and at breakup ( $M=18.95$ ,  $SD=9.65$ ).

To test the prospective association between baseline perceived social support and mental and physical health following a breakup results were analyzed using both bivariate correlation and multiple regression. The bivariate correlations indicated that social support and dependence were significantly associated with baseline mental and physical health but not post-breakup mental and physical health (see Table 3). Specifically, greater social support was associated with better mental and physical health at baseline.

Next, a series of multiple regression analyses were conducted to test primary study hypotheses as depicted in Figure 1. Specifically, post breakup mental and physical health were regressed separately on the corresponding baseline mental or physical health score, participant sex, initiator status, baseline perceived social support, dependence, and the social support X dependence interaction. The full results from these regression models are provided in Tables 4 (mental health) and 5 (physical health).

As can be seen in Table 4, the full model for post-breakup mental health was marginally significant and explained 11% of the variance in mental health. Examination of specific effects indicates that, for the controls, participant sex was unrelated to mental health following a breakup; however, baseline mental health and initiator status significantly predicted mental health outcomes in this context. Specifically, individuals who reported being responsible for their breakups reported marginally better mental health following a breakup relative to those whose partners broke up with them ( $p = .058$ ). Additionally, although the main effects of social support and dependence were not predictive of mental health, their interaction was ( $p = .03$ ). In support of my hypothesis, plots of the interaction indicated that, for more dependent individuals, mental health following breakup was better to the extent that individuals had more versus less social support; in fact, high dependent/low support individuals reported the worst mental health following breakup in the sample. Interestingly, however, less dependent individuals reported worse mental health to the extent that they perceived more social support.

Regression results for physical health outcomes are reported in Table 5. As can be seen, the full model for post-breakup physical health was not significant and explained 9% of the variance in post-breakup physical health. Examination of specific effects indicates that, for the controls, participant sex and initiator status were unrelated to physical health following a breakup; however, baseline physical health significantly predicted physical health outcomes in this context. No other main effects or interactions reached statistical significance.

## **DISCUSSION**

The purpose of this study was to test the prospective association between perceived social support and mental and physical health outcomes following a romantic breakup. Additionally, I tested whether an individual's dependence on his or her partner prior to their relationships' termination moderated the degree to which perceived social support buffered individuals from negative health outcomes following romantic relationship dissolution. I drew on an extant dataset that included 97 individuals who experienced a romantic breakup at some point during the study's 9-month duration. All participants completed baseline measures of mental and physical health as well as perceived social support (the ISEL: Cohen & Hoberman, 1983) during the first six months of their romantic relationships. They also completed measures of dependence on their partners every two weeks up until reporting their relationship's termination. Upon breakup, participants completed identical measures of mental and physical health. This design allowed me to test whether baseline perceived social support predicted future mental and physical health following a romantic breakup, and whether dependence on a partner moderated this association. Overall, support for study hypotheses was mixed.

Consistent with the limited research documenting a prospective link between perceived social support and mental health (and study hypothesis), social support and relationship dependence interacted to predict mental health following a breakup (controlling for baseline mental health, sex, and breakup initiator status). Specifically, mental health following breakup was better to the extent that individuals had more versus less social support, but only for those who were high in dependence on their partners

prior to the breakup. In other words, perceiving a network of individuals to whom one can turn to in times of need buffers individuals when they are confronted with the loss of an important romantic connection in which individuals' needs are fulfilled beyond what they can achieve elsewhere. Thus, those who are most at risk for negative mental health outcomes following relationship loss benefit most when they perceive they have friends and family members to whom they can turn. This finding is important because to date there have been many cross-sectional studies regarding the link between social support and mental health, but very few longitudinal investigations, except for a few studies that have taken advantage of unexpected naturalistic stressors (e.g., hurricanes; Lowe, Chan, & Rhodes, 2010; Norris & Kaniasty, 1996).

Surprisingly, less dependent individuals reported worse mental health to the extent that they perceived more social support. If anything, it was expected that less dependent individuals would fare better in terms of mental health outcomes independent of social support. Or, at most, less dependent individuals with more social support would demonstrate the most positive mental health outcomes following breakup. Although highly speculative, one possibility is that less dependent individuals may be particularly reliant on their social networks for support following relationship loss (i.e., their greater levels of perceived support cause them to be less dependent). In doing so, individuals may engage in more active discussion (e.g., rumination; Nolen-Hoeksema, 2000) about their breakups with their strong support networks, temporarily leading to worse mental health in the short term, but most likely better mental health than other combinations of

the long term. Again, however, this is a highly speculative explanation for an unexpected finding and is deserving of additional empirical work.

These post-hoc interpretations of the pattern of findings observed in the current study must be considered in light of several qualifying factors. First, the effective sample size of most of the analyses was significantly reduced due to missing data, particularly on the dependence measures. Thus, the regression models lacked substantial power, which may have resulted in overestimation of effects or spurious effects. Additionally, by and large this sample reported very high levels of support. Thus, the lack of variation in perceived social support may have hindered my ability to fully test study hypotheses. Future work would benefit from a larger sample and more frequent assessments of dependence (with associated incentives to keep individuals in failing relationships actively involved in the study) in order to more fully test the links between perceived support, dependence, and mental health. These limitations notwithstanding, the theoretical consistency of the main pattern of findings, and limited extant prospective work on the topic amplifies the potential impact of these results.

In contrast, no significant associations between perceived social support and physical health were found in the current study. This null finding could indicate that physical health is not generally affected by romantic breakup in a highly healthy sample of emerging adults. However, careful scrutiny of the physical health measure suggests measurement issues may also have played a role in the null finding. Specifically, in my analyses I employed the SF-36 (Ware & Sherbourne, 1992) physical health subscale that focuses on physical limitations caused by health problems (e.g., walking up stairs). It's



likely that this specific measure was not sensitive to the specific types of health problems the might be experienced by the younger sample employed in this study. A better test of the link between perceived support and post-breakup physical health would involve use of a measure that is more specific to this younger sample (e.g., the PILL; Pennebaker, 1982).

Alternatively, or in addition, it's possible that the general immediate measure of physical health did not allow enough time for any physical symptoms resulting from the breakup to have manifested. Stress takes a toll on the body, but that toll compounds over time (e.g. allostatic load; McEwen, 1998). It is possible that additional follow-ups weeks or months after the breakup, as well as consideration of the formation of a new romantic relationship or significant social connection (Spielmann, MacDonald, & Wilson, 2009) would lend itself to a more fine-tuned test of this hypothesis.

## **ADDITIONAL LIMITATIONS & FUTURE DIRECTIONS**

In addition to the limitations noted above (e.g., sample size, missing data, timeframe of follow-ups), the current study and analyses were limited in a number of other respects that speak to important future directions. In the current study I did not look at the change in individuals' level of dependence over time, rather I used the most recent assessment individuals completed prior to breakup. By assessing dependence in this way, I neglected to consider individuals change in dependence over time. In order to best capture dependence before breakup it should be assessed regularly as individuals' change in dependence may be more meaningful than individuals' last assessment. Individuals who all show the same level of dependence right before breakup could have different

trajectories such that one could be constant, another on a decline, and another may have been increasing. It is quite possible the psychological experience of these three types of individuals would be vastly different despite the fact that they all report the same level of dependence right before breakup. Thus, mental health following breakup may be more powerfully predicted by individuals' change in dependence over time (i.e. whether individuals were increasing, decreasing or constant in their level of dependence on their partner) more so than simply individuals' final assessment of dependence.

Additionally, in the current study, individual mental health was examined at only one time point (immediately following breakup). A potentially more meaningful investigation would be individuals' trajectory of mental health following a breakup. Future studies should consider individuals' change in mental health (i.e. ability to recover) over time after experiencing a romantic breakup. Instead of individuals possibly experiencing better mental and physical health at (or immediately after) breakup, individuals with better social support may experience improvements in their mental and physical health over time faster than individuals with lower perceived social support. It would be particularly informative to investigate if social support promotes faster recovery of individuals' mental health following relationship loss rather than investigating individuals' sheer drop in mental health at the most proximal assessment following breakup.

In sum, perceived social support matters for individual and relationship outcomes. Yet, surprisingly little research has investigated the role of perceived social support on individuals' mental and physical health following a relationship's end. This oversight is

unfortunate given the critical role romantic breakup is known to play in individuals' health throughout their lives (Davis et al., 2003). The current study suggests that the social context in which individuals' romantic relationships function may play a critical role in the recovery process following romantic relationship dissolution. Specifically, perceived social support may serve as a critical protective buffer, at least in terms of mental health outcomes, when individuals are faced with the loss of a close romantic connection.

**Table 1**

*Percent of Participants Who Broke up at Each Wave of Data Collection (Each Wave Represents Approximately a 2-Week Time Span)*

Wave	Cumulative <i>n</i>	% Breakup
Wave 1	0	0
Wave 2	11	11%
Wave 3	19	8%
Wave 4	23	4%
Wave 5	32	9%
Wave 6	35	3%
Wave 7	42	7%
Wave 8	46	5%
Wave 9	53	7%
Wave 10	58	6%
Wave 11	65	6%
Wave 12	71	7%
Wave 13	77	7%
Wave 14	84	4%
Wave 15	89	5%
Wave 16	91	2%
Wave 17	95	4%
Wave 18	97	2%

**Table 2***Descriptive Statistics for all Predictor and Outcome Variables of Interest*

Variable	N	Mean	Std Dev	Minimum	Maximum
1. Mental health BU	86	18.9502907	9.6559198	1.3	40.375
2. Mental health BL	86	13.0116279	6.7818732	0.5	31.05
3. Physical health BU	95	93.8421053	17.0489382	10	100
4. Physical health BL	93	95.2688172	12.099353	30	100
5. Social Sup	98	3.4266948	0.3620051	2.45	4
6. Dependent	64	-1.28125	1.9883091	-5	4.75
7. CES-D BU	86	3.947093	1.1412932	1	6.1
8. CES-D BL	89	2.7808989	1.0817312	1	7.1
9. SF-36 mental BU	96	34.4791667	18.9108597	0	80
10. SF-36 mental baseline	95	23.7368421	13.6827353	0	75

*Note.* Physical health was scored such that higher scores indicated better health. Mental health was scored such that lower scores equated to better mental health.

**Table 3***Correlations for all Relevant Study Variables*

Variable	1	2	3	4	5
1. SF-36 Mental BL	---				
2. CES-D BL	0.70***	---			
3. Mental total BL	0.97***	0.85***	---		
4. SF-36 Physical BL	-0.23*	-0.16	-0.14	---	
5. SF-36 Mental BU	0.27**	0.20 <sup>†</sup>	0.31**	0.01	---
6. CES-D BU	0.17	0.13	0.28*	0.05	0.71***
7. Mental total BU	0.23*	0.14	0.28**	0.01	0.98***
8. SF-36 Physical BU	0.01	-0.01	-0.02	0.22*	-0.13
9. Dependence	-0.27*	-0.20	-0.24 <sup>†</sup>	0.03	-0.1
10. Social Support	-0.40***	-0.44***	-0.38***	0.36***	-0.02
11. Difference	0.41***	0.44***	0.44***	-0.08	-0.74***
12. Sex	0.05	0.14	0.10	-0.01	0.06
13. Initiator	0.12	-0.05	0.02	0.00	0.30**

*Continued:*

Variable	6	7	8	9	10
6. CES-D BU	---				
7. Mental Total BU	0.82***	---			
8. SF-36 Physical BU	-0.16	-0.13	---		
9. Dependence	-0.03	-0.04	-0.01	---	
10. Social Support	0.01	-0.10	0.10	0.02	---
11. Difference	-0.60***	-0.75***	0.16	-0.07	-0.26*
12. Sex	0.09	0.10	-0.10	0.03	0.02
13. Initiator	0.32**	0.38***	0.11	0.06	-0.06

*Continued:*

Variable	11	12	13
11. Difference	---		
12. Sex	-0.07	---	
13. Initiator	-0.38***	0.13	---

*Note:* BL = Baseline, BU = Breakup

**Table 4***Regression Analysis Predicting Mental Health Following Romantic Breakup*

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr >  t	Adj. $R^2$
Overall model	6				.0922	.1129
Intercept	1	0.67979	0.58781	1.16	0.2543	
Sex	1	-0.16343	0.29014	-0.56	0.5764	
Initiator	1	-0.52301	0.26841	-1.95	0.0584	
Mental BL	1	0.14712	0.18797	0.78	0.4384	
Social Sup	1	-0.23791	0.49062	-0.48	0.6304	
Dependent	1	0.02317	0.06734	0.34	0.7326	
Interaction	1	-0.51307	0.23551	-2.18	0.0353	

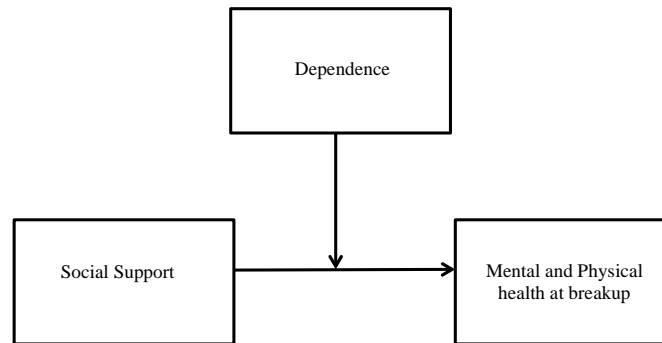
**Table 5***Regression Analysis Predicting Physical Health Following Romantic Breakup*

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr >  t	Adj. $R^2$
Overall model	6				.0811	.1205
Intercept	1	2.30755	0.49377	4.67	0.001	
Sex	1	-0.06375	0.08356	-0.76	0.4499	
Initiator	1	-0.07419	0.07944	-0.93	0.356	
Physical BL	1	0.34010	0.12071	2.82	0.0075	
Social Sup	1	-0.15444	0.15484	1	0.3245	
Dependent	1	-0.19477	0.24331	-0.8	0.4281	
Interaction	1	0.05396	0.06893	-0.78	0.4383	



## Figure 1

### *Conceptual Model of Study Hypotheses*



*Note.* Social support expected to predict better mental and physical health in response to breakup and dependence is expected to moderate the association.

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